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MAY 15 2009

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

FOR OFFICE USE ONLY

CHANGE No. CS3-#34207J WRIA 32

DATE ACCEPTED 5 / 20 / 09 BY KT

FEE \$ 50.00 REC'D 5 / 13 / 2009

CHECK No. 6645

ECY Coding: 001-002-WR10285-000011

SEPA: ☒ Exempt ☐ Not exempt

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

| | | |
|---|------------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME <u>Sherman Maynard</u> | PHONE NO. <u>(509) 382-2910</u> | FAX NO. <u>()</u> |
| ADDRESS <u>116 Baileysburg Rd</u> | | |
| CITY <u>Dayton</u> | STATE <u>WA</u> | ZIP CODE <u>99328</u> |

| | | |
|--|-------------------------|-----------------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO. <u>()</u> | FAX NO. <u>()</u> |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |

2. Water Right Information:

| | |
|--|--|
| WATER RIGHT OR CLAIM NUMBER <u>TOUCHET RIVER ARI. CERT NO. 207</u> | RECORDED NAME(S) <u>CARL BISHOP</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

4626447

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------------|-----|----|----|------|------|------|----------|------------|
| TOULHET RIVER | | NW | NE | 4 | 9 | 39 | | |
| | | | | | | | | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------------|-----|----|----|------|------|------|----------|------------|
| TOULHET RIVER | | NE | NN | 4 | 9 | 39 | | |
| | | | | | | | | |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME:

old ditch

Well enderson 05/10

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|-----------------------|------------|------------|-------------------|
| IRRIGATION OF 2 ACRES | 0.04 | 12 | IRRIGATION SEASON |
| | | | |
| | | | |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| NO CHANGE | | | |
| | | | |
| | | | |

5. Place of Use:

A. Existing

| | | | | | | | |
|---|---|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
| SEE CERT. NO. 207 (ATTACHED) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

B. Proposed

| | | | | | | | |
|--|---|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: | | | | | | | |
| NO CHANGE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 125

6. Remarks and Other Relevant Information:

| |
|---|
| APPLICATION TO REFLECT WHERE WATER IS CURRENTLY BEING PUMPED. |
| |
| |
| |
| |
| |
| IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____ |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.



Sherman Maynard
(Applicant)

5 17 10 9
(Date)



Sherman Maynard
(Water Right Holder)

5 17 10 9
(Date)



Sherman Maynard
(Land Owner(s) of Existing Place of Use)

5 17 10 9
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|---|---|------|------|------|----------|------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:[illegible]

Place of Use - ☐ Existing ☐ Proposed:

| $\frac{1}{4}$ | $\frac{1}{4}$ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|---------------|---------------|------|------|------|--------|----------|------------|
| | | | | | | | |

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: